

# Community Homes of Intensive Care and Education Limited







## Fearnley House

### Inspection report

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### Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

### Overall summary

The inspection took place on 16 December 2014 and was unannounced.

Fearnley House is a care home without nursing for up to four people with a learning disability or autistic spectrum disorder. At the time of the inspection four people lived at Fearnley House. The people living at Fearnley House had a range of support needs. All of the people living at Fearnley House required support of staff when they were away from the home.

The home is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the

# Summary of findings

service is run. At the time of the inspection the manager was not registered with CQC. They had recently been appointed and were in the process of submitting their application to become a registered manager.

People using the service were happy; they were seen to be smiling and relaxed during the inspection. Two of the three relatives we spoke with told us they were very happy with the support and care provided at the home. However, there had been several changes in manager at Fearnley House over the last year and relatives told us this had had a negative impact on their family members. Two relatives said they were involved fully in the care of their family members and that communication was good.

Relatives told us and we observed that staff treated people with kindness and respect. Support was focussed on individuals and designed to meet the specific needs and preferences of people living in the home. There were systems in place to manage risks to people and staff were aware of how to keep people safe by reporting concerns promptly through procedures they understood well. The provider had robust recruitment procedures in place to ensure only staff of suitable character were employed.

People who could not make specific decisions for themselves had their legal rights protected.

People's support plans showed that when decisions had been made about their care, where they lacked capacity, these had been made in the person's best interests. Staff understood their responsibilities and knew how each person indicated their consent.

Staff were trained appropriately to meet people's needs. New staff received induction, training and support from experienced members of staff. Staff felt well supported by the manager and said they were listened to if they raised concerns. Staff spoke with conviction about the values and ethos of the service and understood their responsibilities. People's medicines were managed safely and staff had received appropriate training in the safety of medicines. Their knowledge and skill was assessed regularly.

People and their relatives were involved in planning and reviewing the support they required. People were encouraged to be as independent as possible and they worked toward agreed goals to achieve this. There was a programme of activities planned to meet the individual needs and preferences of people living at Fearnley House. Links with the community were maintained and people were encouraged to use community facilities such as public transport, leisure centres, town centre shops and cafes, social clubs and colleges.

The quality of the service was monitored regularly by the manager and provider. Feedback was encouraged from people, visitors and stakeholders and used to improve and make changes to the service. Complaints were recorded, investigated and responded to in line with the provider's policy.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Risk was assessed and effective systems were in place to manage it.

There were sufficient staff with relevant skills and experience to keep people safe and meet their individual needs. Medicines were managed safely.

Staff had been trained in safeguarding. They demonstrated a good knowledge of safeguarding procedures and reporting requirements. The provider had robust emergency plans which staff showed an understanding of.

Good



### Is the service effective?

The service was effective. Staff received training and support in their roles. This helped to ensure people's individual needs and preferences were met.

People had their freedom and rights respected. Staff demonstrated a good knowledge of the Mental Capacity Act 2005 and acted within the law to protect people when they could not make a decision independently. The requirements of the Deprivation of Liberty Safeguards were being met.

Staff monitored people's physical and psychological wellbeing. They sought advice and guidance from healthcare professionals when necessary.

Good



### Is the service caring?

The service was caring. People were treated with respect and kindness. There was a relaxed and comfortable atmosphere in the home. People and staff approached each other spontaneously in an open and friendly manner.

People were encouraged to maintain independence and supported to make choices. Staff knew people well and responded to their individual needs promptly.

Individualised communication systems had been developed with people. This helped staff to build positive relationships with the people they cared for and encouraged interaction.

Good



### Is the service responsive?

The service was responsive. People's likes, dislikes and preferences were recorded accurately in their support plans and provided information for staff to support people in the way they wished.

A programme of activities was provided for each individual, tailored to their particular needs and interests. People were encouraged to set goals and work toward them. They were supported to discuss their progress regularly.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Good



### Is the service well-led?

The service was well-led. Although there was no registered manager at the time of the inspection a manager had been appointed and was in the process of becoming registered with the Care Quality Commission.

Good



## Summary of findings

There had been a number of temporary managers over the past months which some relatives had found to have a negative impact on their family members. They felt the appointment of the new permanent manager to be positive.

Staff said they found the manager open and approachable and had confidence that they would be listened to and action taken if appropriate. A robust system of audits ensured the quality of the service was regularly monitored.

# Fearnley House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one inspector on 16 December 2014 and was unannounced.

Before the inspection visit we looked at previous inspection reports and notifications we had received. Notifications are sent to the Care Quality Commission to inform us of events

relating to the service. We also reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received feedback from the GP surgery.

During the inspection we spoke with three members of staff, a psychologist and the manager. We observed people in the lounge taking part in a variety of activities, observed a meal time activity and attended the shift handover between morning and afternoon staff. We reviewed four people's care plans, three staff recruitment files, staff duty rotas and a selection of policies and procedures relating to the management of the service. Following the inspection we received feedback from three relatives of people who use the service.

# Is the service safe?

## Our findings

People at Fearnley House were unable to tell us if they felt safe however, a relative said: “[name] is definitely safe.” They went on to describe how measures such as a coded keypad on the front door and the kitchen were used to keep people safe. Another relative told us regular checks were made on their family member by staff throughout the day and night. They told us staff knew procedures to follow to keep their family member safe.

Risk assessments were carried out and reviewed regularly for each person. The risk assessments aimed to keep people safe whilst supporting them to maintain their independence as far as possible. Risk assessments were detailed and fed into support plans that gave staff clear guidance to follow. There were also detailed risk assessments related to the service and the home. For example, the use of the company vehicle which included a detailed seating plan to reduce the risk of individuals becoming distressed or anxious whilst in the vehicle.

Staff were able to tell us about the signs that may indicate someone was being abused and the procedure to follow to report any concerns or issues. Leaflets and guidance documents were displayed throughout the home for staff to refer to with regard to keeping people safe from abuse. Staff told us and records confirmed they had received up to date training in safeguarding adults. Training was also available to people who use the service. This was aimed at helping people to understand and recognise when they may be a victim of abuse and who they could speak to about it. We asked the manager how this training was conveyed to people who may have limited verbal communication. They told us information was discussed with people using pictures to assist their understanding. Information was displayed in both words and pictures around the home so as to be easily accessible. People were encouraged to indicate any concerns regarding their safety each month at their keyworker meeting. A keyworker is a member of staff who takes particular responsibility in the care of an individual. Staff were familiar with the provider’s whistleblowing policy, they each had a wallet sized card which they were asked to carry with them. These cards gave them information about whistleblowing and contact numbers to use to report concerns.

People’s medicines were stored and administered safely and staff had received training in the safe management of

medicines. Records confirmed staff who were involved in medicines management had also had their practical competency tested. This training and testing of competency was refreshed regularly. The provider had a clear and detailed medicines policy and procedure. In addition we saw professional guidance on the safe management of medicines was available for staff to refer to. The provider’s policy required two members of staff to be present when medicine was administered. During the inspection we saw this put into practice. Staff followed the procedure in detail and carried out the required checks before supporting people to take their medicines. When creams and liquids were opened a date was noted on the container. This allowed staff to recognise when medicines reached their expiry and needed to be disposed of. Each person had been assessed to ensure the support they required with their medicines was individualised. Where a person had medicine which could be taken ‘as required’, guidance was available for staff to help them recognise when this medicine was needed. Storage and administration of medicines was audited weekly by a senior member of staff and an annual audit was completed by a pharmacist. Any concerns found were addressed. For example, when a medicines error was found the member of staff received further training, was reassessed for competency and offered additional support before being allowed to resume dealing with medicines.

Staff were knowledgeable with regard to emergency procedures. The provider’s business contingency plans included arrangements for alternative accommodation and procedures to follow in events such as flooding, loss of utilities and pandemics. Each person living at Fearnley house had a personalised evacuation plan which identified the help they required to leave the premises safely.

Effective recruitment practices helped to ensure people were supported by staff who were of appropriate character. Disclosure and Barring Service (DBS) checks were completed to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. Previous employers were contacted to check on behaviour and past performance in other employment. Where gaps in employment history had been identified an explanation was followed up and recorded.

Staffing levels were calculated according to the needs of the people living in the home and the individual support

## Is the service safe?

they required. The manager told us they used the guidance available from the provider to maintain minimum staffing levels at all times. Shortfalls in staffing levels due to sickness or leave were covered by staff employed by the provider either as 'bank staff' or in other services run by the provider. The manager said agency staff were not used as it was important that people were supported by staff who were familiar with them and knew the provider's policies. There were sufficient staff available during the inspection to meet the needs of the people who use the service. The manager described how they used a shift planner to ensure adequate numbers of staff with the essential skills and characteristics were on duty. This helped to provide safe

care to the people who use the service. For example there had to be staff of appropriate gender to provide personal care, staff trained in administration of medicines and staff able to drive.

Accidents and incidents were recorded by staff before being reviewed and investigated by the manager. A monthly audit of all accidents and incidents was completed and sent to head office. Where a trend was identified the manager prepared an action plan to manage and reduce the accidents or incidents. For example, one person had suffered episodes of choking whilst eating. A referral to the Speech and Language Therapist (SALT) was made and the advice received was used to manage the risk.

# Is the service effective?

## Our findings

People received effective care and support from staff who were well trained and supported by the manager and provider. Staff knew people well and understood their needs and preferences, they sought people's consent before they supported them and discussed activities with them in a way people could understand. For example, Makaton, gesture and the use of communication aids such as a touch screen tablet contributed to people's understanding. Makaton is a language programme using signs and symbols to help people to communicate.

Staff received training in the Mental Capacity Act 2005 (MCA) and understood the need to assess people's capacity to make decisions. The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. Staff understood their responsibilities under the MCA and the manner in which people gave their consent was recorded in their support plans. Records confirmed when a best interests' decision was necessary every attempt was made to involve the person themselves as well as family members and healthcare professionals. For example, the purchase of an expensive piece of equipment had been explained and described to one person using pictures and familiar words before the decision was finalised. A mental capacity assessment had been carried out before the decision had been made and the best interests' decision had been recorded in line with legislation. The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The manager had a good understanding of DoLS and knew the correct procedures to follow to ensure people's rights were protected. All four people living in the home currently required an authorisation and records confirmed they were in place.

Staff received an induction when they began work at the home. They spent time working alongside experienced members of staff to gain the knowledge needed to support people effectively. They also attended a week long training course which incorporated the provider's core training subjects. Staff told us they received: "good training" and "we are well prepared by theory and practical training." They said they continued to receive further training in areas specific to the people they worked with, for example,

epilepsy. Relatives told us they felt the staff were well trained and that communication was: "very good" and "we have no complaints" however, one relative said they felt communication could improve. Records confirmed staff received training in a number of topics including; values, infection control, food hygiene and first aid. Training was refreshed for all staff regularly and further training was available to help them progress and develop. Staff were encouraged to gain recognised national qualifications and for those who wished to move into positions of responsibility they were supported by training programmes designed to develop managerial skills. Career progression was actively promoted by the provider and staff who had taken these opportunities said they were fully supported. A relative commented: "staff grow and develop." They went on to say they had seen this happen with a number of staff over the time their family member had lived in the home.

Individual meetings were held between staff and their line manager every two months. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. During these meetings guidance was provided by the line manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. Annual appraisals were carried out to review and reflect on the previous year and discuss the future development of staff. We were told there was an open door to the manager and staff spoke positively about the support they received. They told us they did not have to wait for an arranged meeting to be able to voice their opinions or seek advice and guidance.

Staff meetings were held regularly and provided opportunities for staff to express their views and discuss ways to improve practice. The minutes of staff meetings showed discussions took place regarding day care opportunities, safeguarding responsibilities, positive outcomes and achievements of the service. In addition to this there were reminders about good practice and whistleblowing as well as opportunity for staff to contribute and express their views.

People's healthcare needs were met and when necessary staff contacted health and social care professionals for advice and support. Referrals had been made to specialist health care professionals for example, speech and language therapists (SALT), dietician and physiotherapist.



## Is the service effective?

Where guidance had been given by health professionals this was detailed in people's individual files. For example, one person required dietary supplements and another required support to maintain a healthy weight. People had also seen dentists and opticians for regular checks. Health action plans had been completed for each person. They identified health needs and the support necessary to meet them. People also had a document called 'Hospital Assessment' which contained essential information about them which was used to inform hospital staff about the most important aspects of support for a person. However the manager told us that in addition to providing this information a member of staff from Fearnley House would also stay with a person if they were in hospital. This was to ensure the person had consistent care, reduce their anxiety and facilitate effective communication with hospital staff.

We observed people eating at tea time. People were relaxed and staff supported them as necessary, for example one person was assisted to ensure food was at the correct temperature and others were encouraged to use adapted cutlery and crockery. Menus were discussed with people who use the service using words and pictures to help them make individual choice. A four week rolling menu plan was reviewed and altered according to people's choice every three months. Although there was a menu plan available, people could opt for a different meal if they wished and there was alternative food available. Drinks were available throughout the day and people were offered choice.

The design of the home was a one storey building. Adaptations had been made to the building that contributed to people's safety. For example hand rails had been installed to assist with people's mobility. The home was spacious and free from clutter to prevent risks of trips and falls. A programme of decorating and refurbishment was discussed and reviewed annually. Flooring had recently been replaced in two bedrooms and plans were in place for alterations to provide an additional room and a larger office. Routine remedial work was carried out when required. Staff told us they could request maintenance to be carried out and the manager submitted a weekly report to head office regarding maintenance work required and completed. They said repairs were dealt with in a timely fashion. Equipment such as hoists and fire extinguishers had been tested in accordance with regulations and the manager conducted a weekly walk around the building to check for any health and safety issues.

A large lounge and dining room provided space for activities. People could choose to spend time in these areas or in their own rooms which had been adapted and designed to the taste of each individual. A summerhouse provided additional activity space in the garden and was used when the weather was fine. The garden also had a growing area where people could plant and tend vegetables.

# Is the service caring?

## Our findings

People smiled and looked happy, they were relaxed and calm. Conversations took place throughout the day and people were seen to interact spontaneously with staff members. Staff spoke with people professionally and politely and encouraged people to engage with them using their own particular way of communicating. For example using signs, pictures or technological equipment. Relatives told us staff respected their family member's privacy and dignity and also encouraged them to respect themselves and others. One relative said: "they go to a lot of trouble to maintain dignity and privacy."

Staff had detailed knowledge of the people living in the home. They told us what people liked to do, the type of thing that may upset them and what would help to calm them down if they became anxious or distressed. These details matched those recorded in people's individual care files and staff applied their knowledge in the way they provided support for people during the inspection. For example, staff suggested to one person a handshake greeting would be more appropriate than a 'bear hug' which may cause distress to another person. When the person followed the suggestion they were congratulated and praised in line with their plan.

We observed staff used clear verbal communication and care was taken to avoid overloading people with too much information. Individualised communication systems had been developed with people which helped staff to build positive relationships with the people they cared for. Staff were able to give examples of how people communicated their needs and feelings. Each person had a member of staff who acted as their keyworker. Keyworker meetings were held once a month to ensure the person was receiving effective and safe care.

People were relaxed and comfortable when interacting with staff. One relative said: "staff become closer and connected like a family when it's a small home." We saw people approaching staff and receiving patient, positive responses. Staff spoke about respecting people's rights and choices. They told us they had a responsibility to assist people to increase their independence. For example, on the day of the inspection one person was supported to

prepare the main meal of the day. The person appeared to enjoy being involved and smiled later when eating and being congratulated by staff on making a delicious meal for everyone. We observed staff supporting people to make choices in everyday activities such as choosing what to eat or how to spend their time. A new programme called 'Living the Life' had been introduced, aimed at building people's confidence and independence. The manager described the programme and how through discussion with people, goals were set. Each week people's goals were worked on and discussed with their key worker. Scores were given to the goals so people could see their progress. A relative told us their family member was: "encouraged to do things for themselves on a daily basis."

People were unable to tell us if they were involved in decisions and planning about their own care and support. Records confirmed they had been involved and their support plans had been communicated to them by their key worker. Relatives told us they and their family members were included in the planning and reviewing of support plans. One said: "yes, we are always involved in any decisions and staff communicate and let us know what's going on".

People and their relatives told us they were able to visit Fearnley House at any time. People's rooms reflected their individuality and personal choice. People moved around the home freely and could access all areas of the home. Where a restriction was in place to ensure people's safety we observed staff supported people to access and use those areas. For example, we saw one person indicated they wanted to go into the kitchen; a member of staff immediately recognised what they were requesting, opened the door and supported them to go in and prepare a drink.

The manager told us people and their families had been asked to consider the care they would like at the end of their lives. The manager said: "this is a delicate subject and people needed time to think about it." One person and their family had completed a form which detailed their wishes and others were in the process of doing so. This would help to ensure staff could provide the care people wanted when it became necessary.

# Is the service responsive?

## Our findings

Each person had a support plan which was person centred and focussed on them as an individual. Where people were unable to express their own views family and professionals had been involved in helping to develop the support plans. Support plans were reviewed regularly on a six monthly basis or more frequently if a change in a person's support was required. Additionally, each person met with their key worker monthly and reviewed their support. Records of these meetings reflected the person's well-being and health, the good things that had happened throughout the previous month and plans for the coming month. Information in people's support plans included people's daily routines, their preferences and how to support their emotional needs. It was clear if a person could do things independently or if they required support. Where it had been identified a person could become anxious or distressed, clear information was available to guide staff on how to support them through this.

A range of activities was available to people living at Fearnley House and each person had an individualised activity timetable. People were supported to engage in activities outside the home to help ensure they were part of the local community. We saw activities included going to college, horse riding, cooking, shopping and swimming. An outdoor adventure area was also used. This specialised in providing opportunities for people to enjoy fun, freedom and friendship in a safe and stimulating environment. One relative said: "they have plenty of activities; [name] goes swimming and really enjoys it" another said their family member enjoyed individual one to one sessions which: "[name] just loves." The manager told us activities were an essential part of people's support and helped to avoid people becoming distressed or anxious. During the inspection we saw people being supported with different

activities both within the home and in the community. For example, one person was supported to play a keyboard whilst another chose to take a bus ride and go for a walk accompanied by a member of staff. Later in the day people were again asked what they would like to do; three people went bowling whilst the fourth person spent the afternoon cooking. All new activities were risk assessed. The positive impact of an activity for a person was considered whilst measures were put in place to reduce risks associated with it.

Meetings were held for people in the home to express their views about how the home was run. Records we reviewed showed topics included activities, staff leaving, replacement flooring and a review of the menu board. The manager and staff told us they knew people's communication methods well and could identify when their actions indicated they were anxious or worried about something. Records confirmed that people's reactions were recorded at the meeting to help staff understand people's views. For example, when discussion around changing the menu took place one person smiled and immediately wanted to look at pictures of food, another stopped making a noise and another signed, "yes" and put their thumb up.

The provider had a complaints policy which was displayed around the home in an easy to read format that included pictures as well as writing. The complaints log showed an investigation had been carried out for each complaint raised. Action had been taken where appropriate and the complainant had been asked if they were satisfied with the outcome. One relative said they had not needed to raise a complaint but were confident they would be listened to and things would be put right as soon as possible if they did need to complain. Two relatives had raised complaints which had been dealt with to their satisfaction.

# Is the service well-led?

## Our findings

At the time of the inspection there was no registered manager in post. However, a manager had been appointed by the provider and was managing the day to day running of the home. They were in the process of completing the registration process with the Care Quality Commission (CQC) to become the registered manager. Two relatives commented that there had been a number of changes in manager over the last year with temporary managers covering the running of the home during this time. They both felt this had had a negative impact on their family member. However, they felt the appointment of the new permanent manager was positive.

People approached the manager in a relaxed manner and they were responded to positively and with respect. Staff told us they were listened to by the manager and the provider. One staff member said: “the manager meets my expectations and is supportive.” They went on to say they felt they could rely on the manager to take action when necessary. There was an honest and open culture in the home. Staff were aware of the values and aims of the service and spoke about them with conviction. They understood their responsibilities. For example, one staff member said: “if staff don’t do things properly like personal care, I have no hesitation to challenge them.”

The manager told us links to the community were maintained by inviting people’s relatives into the home for social events and celebrations as well as ensuring the people who lived at Fearnley House had the opportunity to visit local community facilities. People used local buses and went into the town centre; they used the swimming pool, coffee shops and local pubs and attended a social club to enjoy music and dance.

Relatives and staff told us they were asked for their views on the service. Results from the most recent survey had been collated and showed mainly positive responses had been received. Responses indicated training and support was good for staff, maintenance was carried out in a timely fashion and communication with families was good. Suggestions to review day care opportunities for people at

Fearnley House had been made in the survey and the manager told us this had been addressed. New activities such as horse riding and use of an adventure area were now incorporated into people’s activity timetables.

A robust programme of audits was completed by the manager and provider. Monitoring of the premises, equipment, accidents and incidents enabled them to have a clear picture of the service at all times and to take appropriate action. A monthly report was submitted by the manager to head office from which issues were identified. For example trends in accidents and incidents. When necessary the manager was informed and an action plan put in place to address and monitor progress in dealing with these issues. In addition to the audits conducted by the manager a monthly compliance audit was carried out by a member of senior management. We observed a detailed action plan was drawn up from the findings of this audit which identified shortfalls. For example, additional information was required for a section of a support plan and additional staff training requirements had been identified. The issues raised were completed in line with the recommendations of the senior manager and checked at the next audit.

The provider had introduced an expert auditor role which was undertaken by people who use the service. An expert auditor visited the homes in the provider group and carried out an audit of the service from their view. Fearnley House had had an expert audit which showed they had met the expectations of the auditor in all areas except the tidiness of the garden. This had been actioned and the garden maintenance team had attended to the garden. The provider had also made a commitment to driving up quality. An initial self-assessment had been conducted and they had considered ways in which the service could be improved for people who use their services. For example, looking at ways to increase opportunities for people to develop personal relationships that were meaningful and long-lasting. They had also considered support and development for staff by introducing development programmes and an academy to enhance their skills and knowledge. The manager told us he received good support from the provider. He had been encouraged to take further training courses and develop his management and leadership skills.